

**MASSACHUSETTS – DEP DRINKING WATER PROGRAM**  
**SWTR - FORM A**  
**SOURCE WATER QUALITY CONDITIONS FOR UNFILTERED SYSTEMS<sup>1</sup>**

Month:		Year:	
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PWSID#: <input style="width: 80%;" type="text"/>	PWS Name: <input style="width: 90%;" type="text"/>	PWS Town: <input style="width: 95%;" type="text"/>
Treatment Plant Name: <input style="width: 95%;" type="text"/>		Min. # coliform samples per week required: <input style="width: 50%;" type="text"/>
Lab Cert.#: <input style="width: 80%;" type="text"/>	Lab Name: <input style="width: 90%;" type="text"/>	Lab Analyst: <input style="width: 95%;" type="text"/>
<input type="checkbox"/> Lab is MA certified to perform analysis for the method reported below.		
Coliform Sampling Type measured & reported <sup>2</sup> :	<input type="checkbox"/> Fecal or <input type="checkbox"/> Total Coliform	<b>Total Coliform Method:</b> SM 9221 - <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C SM 9222 - <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <b>Fecal Method:</b> SM 9221E (EC) <input type="checkbox"/> SM 9222D (MF) <input type="checkbox"/>

COLIFORM MEASUREMENTS <sup>2</sup>					TURBIDITY MEASUREMENTS <sup>2</sup>	
Date	No. of Samples		Number of Samples Meeting Specified Limits		Maximum Turbidity <sup>3</sup> (NTU)	Turbidity <sup>4</sup> “EVENT” (YES or NO)
	Fecal	Total	Fecal (< =20/100 mL)	Total (<= 100/100 mL)		
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
Total					Max Day Turbidity (NTU) = No of Turbidity “Events” =	

*I certify under penalty of law that I am the person authorized to fill out these forms and the information contained herein is true, accurate and complete to the best of my knowledge and belief.*

Authorized Signature

Title

Date

1. Samples are taken from the source water immediately prior to the first disinfection point included in the CT determination.
2. A fecal or total coliform sample must be taken on each day that the system operates and a source water turbidity measurement exceeds 1 NTU.
3. For each day that the maximum turbidity exceeds 5 NTU, the date should also be entered for the day that the state was notified of this exceedance, e.g. “7.3-22 APR.”
4. A “YES” response is required each day the maximum turbidity exceeds 5 NTU and the previous day did not. This is indicative of the beginning of turbidity “EVENT”. The Total # of “YES” responses equals the number of turbidity “EVENTS” in the month.

**Submit to your MassDEP Regional Office within 10 days after the reporting month.**